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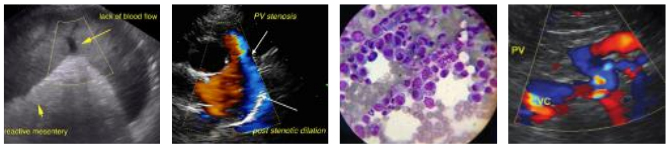


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Carly Boyd

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

73.4 Lbs

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Potomac Mobile Veterinary Ultrasound

HOSPITAL NAME

Banfield Leesburg Village

REFERRING VET

Dr. Jarrett

INVOICE

13269

DATE

PRESENTING CLINICAL SIGNS

History: Distended stomach, frequently vomiting brown bloody liquid, spleen looks lumpy on rads, mass on lower stomach, and had an incomplete mass cell removal from one of the back legs in March. Given Cerenia this morning.
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 17.79 and Neutrophil 16.02 (01/03/2022). CHEM: ALB 4.5, ALT 237.0, BUN 31.0, GLOB 5.4, TBIL 3.0, TP 9.9 (01/03/2022). CPL: WNL (01/03/2022).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney presented normal size (6.53 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney presented normal size (6.48 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.84 cm at cranial pole) (0.91 cm at caudal pole) (2.96 cm in length) with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic to slightly heterogeneous in appearance with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

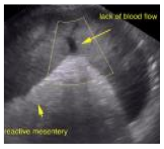
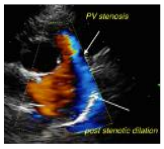
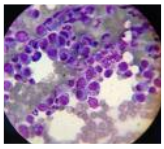
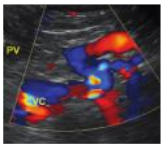
The right adrenal gland is prominent in size at the cranial pole and normal in size at the caudal pole (1.07 cm at cranial pole) (0.45 cm at caudal pole) (2.67 cm in length). A 1.25 cm x 0.94 cm hyperechoic nodule is observed at the cranial aspect. The glandular echogenicity and detail at the caudal aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal to slightly prominent in size with irregular peripheral contours. Numerous ill-defined hypoechoic and hyperechoic nodules are seen throughout the organ, many of which cause capsular expansion. A 2.98 cm ill-defined heterogeneous mass/area is observed at the craniolateral aspect. The mesentery effacing the serosal surface in this region is hyperechoic. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No

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focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is normal in thickness. A large amount of aggregated echogenic suspended sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately fluid distended and hypomotile. The gastric wall is diffusely thickened (up to 1.52 cm) with a loss of the normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. The colonic wall is normal.

Pancreas

The left limb of the pancreas is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated. Adjacent mesentery is hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. The left medial iliac lymph node is severely enlarged (5.47 cm x 1.67 cm), irregular and hypoechoic to heterogeneous in appearance. The right medial iliac lymph node is prominent to enlarged (3.17 cm x 1.08 cm) and is heterogeneous and cystic. The mesentery surrounding the nodes is mildly hyperechoic.

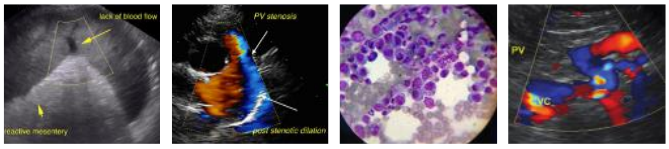
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The gastric wall changes are most consistent with infiltrative neoplasia (i.e., round cell tumor, adenocarcinoma) with a lower possibility of a severe inflammatory process. Regional peritonitis and gastric ileus are present.
- The splenic parenchymal changes are also concerning for neoplasia. However, benign pathology (i.e., extramedullary hematopoiesis or lymphoid hyperplasia) cannot be completely excluded.
- The pancreatic changes in the region of the left limb are suggestive of mild pancreatitis.
- The medial iliac lymphadenopathy is concerning for infiltrative neoplasia which may be metastatic from the incomplete mast cell removal from the hind limb in March of last year. Reactive lymphadenopathy is possible but considered less likely.
- The gallbladder changes could be consistent with a developing mucocele or cholestasis.

Secondary Findings

- The hepatic changes are consistent with age-related parenchymal remodeling and are not



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considered clinically significant at this time.

- The bilateral adrenal changes are suggestive of hyperplastic change. The right adrenal nodule trends toward the benign (i.e., regenerative nodular hyperplasia) with a lower possibility of emerging neoplasia.

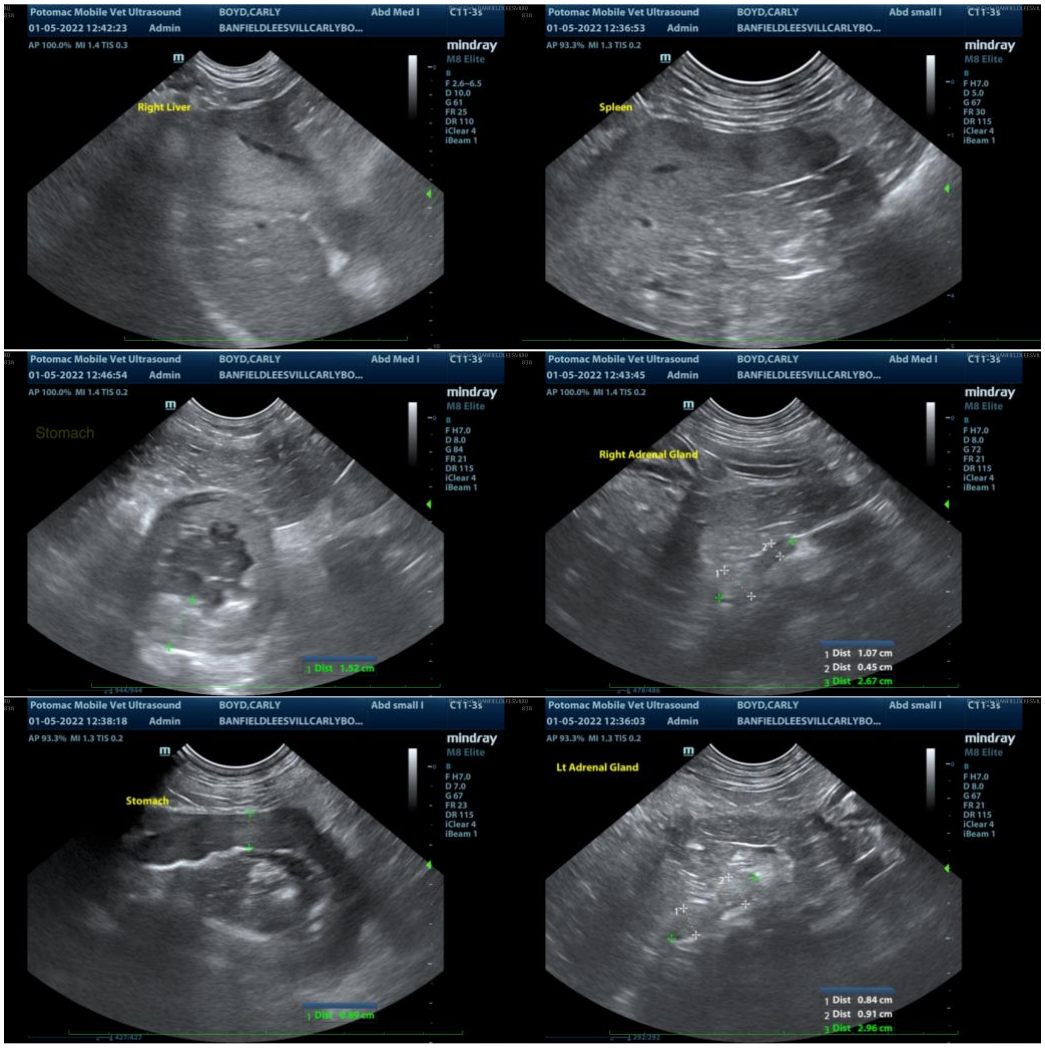
- Bilateral age-related renal changes with dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

- Consider fine needle aspirates of the gastric wall, spleen and left medial iliac lymph node, if clotting status is appropriate. 25-gauge needles should be used. If cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis.

- Given the gallbladder changes, Ursodiol therapy can be considered.



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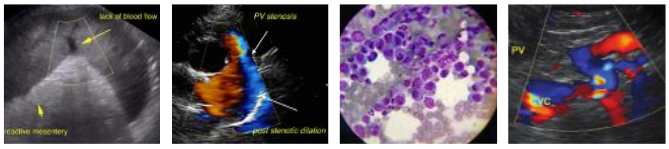

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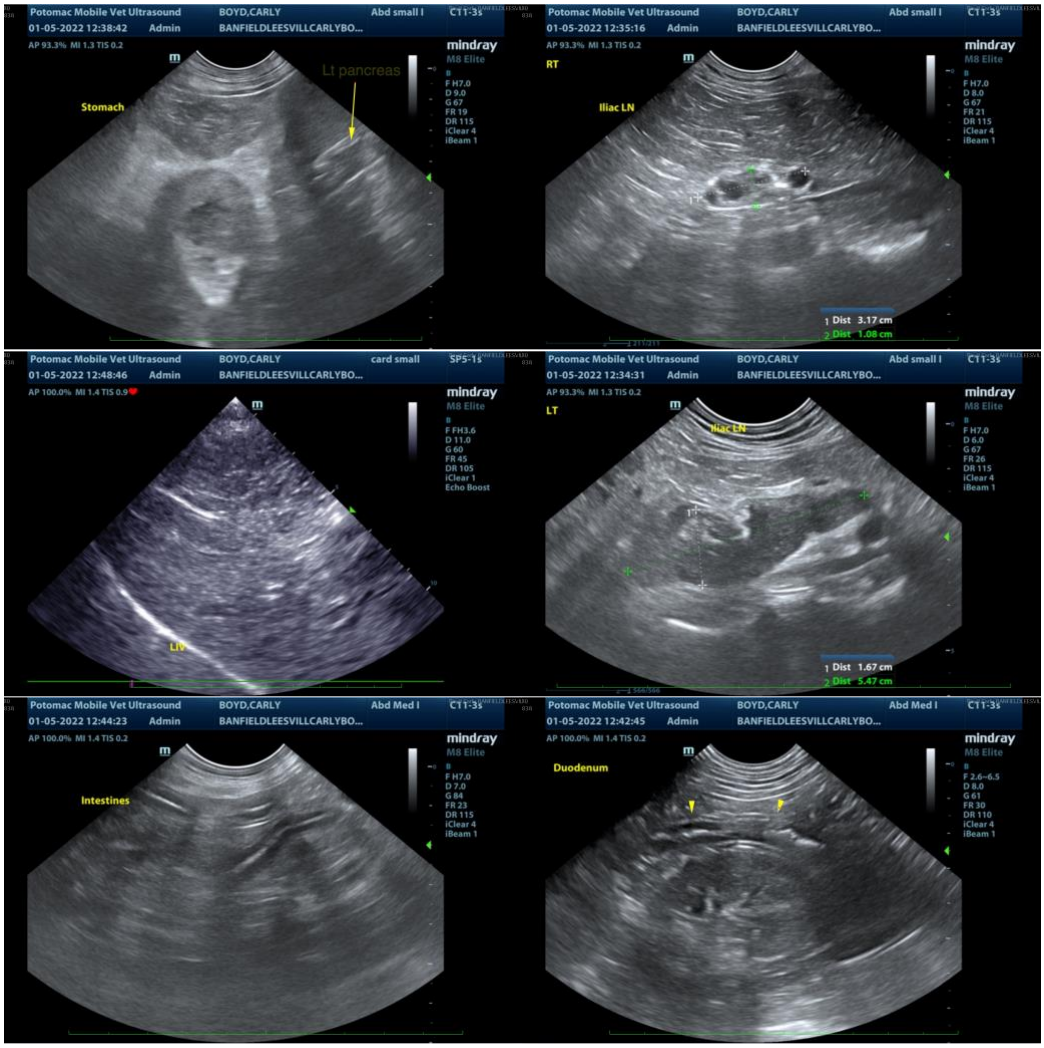

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com